

## Instructions

If you are a retired or terminated COAERS member, use this form to change your physical address, email address or phone number of record. Active members can only change their address of record with the City of Austin.

## A. Member Information

First Name		Middle Name	Last Name		Social Secur	ity Number
Previous Mailing Address	6		City		State	Zip Code
Date of Birth	Phone			Email Address		

#### **B. New Address Information**

New Mailing Address	City	State	Zip Code
New Email Address (if applicable)	1	1	
New Phone (if applicable)			

# C. Photo ID: FORM WILL NOT BE ACCEPTED WITHOUT A PHOTO ID

Copy of Driver's License, Passport or Department of Public Safety Issued ID	

# D. Signature and Notary: SIGN AND DATE IN THE PRESENCE OF A NOTARY PUBLIC

My signature below acknowledges the following:

Signature X	Date		
State of	County of		J
subscribed to the foregoing instrun	idual personally appeared, and he/she is nent and acknowledged to me and execu ny hand and seal of office this	uted the same for the pu	irposes and consideration